| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004      |  |   |   |                               |  |                     |   | Application or Docket Number |            |                               |                        |
|---|--|---|---|-------------------------------|--|---------------------|---|------------------------------|------------|-------------------------------|------------------------|
|   |  | CLAIMS A                                    | S FILED - (Column                                   |                               | (Column 2)                             |                     | SMALL ENT                               | /                            |            | OTHER THAN<br>OR SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES  |  |   |   |                               |  |                     | RATE                                    | FEE                          |            | RATE                          | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 160                                 |                               | LARGE ENT. = \$ 300                    |                     | BASIC FEE                               |                              | OR         | BASIC FEE                     |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                               | All other situations = \$ 100 / \$ 200 |                     | EXAM. FEE                               | <u> </u>                     |            | EXAM. FEE                     |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$          | ntries =                      | All other eltuations = \$ 260 / \$ 500 |                     | SEARCH FEE                              |                              |            | SEARCH FEE                    |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | ıs 100 =                      | / 50 ≐                                 |                     | X \$ 125 =                              |                              |            | X \$ 250 =                    |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | min   | nus 20 =                      | •                                      |                     | X \$ 25 =                               | ·                            | OR         | X \$ 50 =                     |                        |
| INDEPENDENT CLAIMS  |  |   | m   | inus 3 =                      | •                                      |                     | X \$ 100 =                              |                              | OR         | X \$ 200 =                    |                        |
| MUL.  | TIPLE DEPEND                                   | ENT CLAIM PRE                               | SENT  |                               |  |                     | + \$ 180 =                              |                              | OR         | + \$ 380 =                    |                        |
| * If the difference in column 1 is less than zero, enter *0* in column 2    |  |   |   |                               |  | TOTAL               |   | OR.                          | TOTAL.     |                               |                        |
| CLAIMS AS AMENDED - PART II // - み 8 - 0 & (Column 1) (Column 2) (Column 3) |  |   |   |                               |  | (Column 3)          | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |            |                               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT   |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                           | PRESENT<br>EXTRA    | RATE                                    | ADDI-<br>TIONAL<br>FEE       |            | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 25  | Minus   | . 2                           | 5                                      |                     | X \$ 25 =                               | -                            | OR         | X \$ 50 =                     |                        |
|   | Independent                                    | • 4   | Minus   | ***                           | 4                                      | . —                 | X \$ 100 =                              |                              | OR         | X \$ 200 =                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |  |                     | + \$ 180 =                              | 1                            | OR         | + \$ 360 =                    |                        |
|   |  | -   | TOTAL ADDIT.<br>FEE                                 |                               | OR                                     | TOTAL ADDIT.<br>FEE |   |                              |            |                               |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |   |                               |  |                     |   |                              |            |                               |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA    | RATE                                    | ADDI-<br>TIONAL<br>FEE       |            | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus   | **                            |  | =                   | X \$ 25 =                               |                              | OR         | X \$ 50 =                     |                        |
|   | Independent                                    | • .   | Minus   | ***                           |  |                     | X \$ 100 =                              | ·                            | OR         | X \$ 200 =                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |  | + \$ 180 =          |   | OR                           | + \$ 360 = | ·                             |                        |
|   |  |   |   |                               |  |                     | TOTAL ADDIT.                            |                              | OR         | TOTAL ADDIT.                  |                        |
| ļ.<br>  |  |   | •   | •                             |  | ٠                   | ÷                                       | ,                            | -          |                               |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.